

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597,342

FILING DATE

7-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		2		1		
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	31	←	30	←		←
TOTAL CLAIMS	36		35			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←			←	←
TOTAL CLAIMS						